



SAN DIEGO COUNTY COMMUNITY CORRECTIONS PARTNERSHIP MEETING

OCTOBER 16, 2014



PICTURE ID FOR REALIGNMENT POPULATION UPON RELEASE FROM INCARCERATION

Scott Huizar, Probation Director- PRO Division

OCTOBER 16, 2014

PICTURE ID UPDATE

AB 2308

Prisoners: Identification Cards

- ❖ Signed by Governor on 9/26/14
- ❖ Collaborative effort between CDCR and the DMV to issue valid identification cards to eligible inmates.
 - The bill would define "eligible inmates"

PICTURE ID UPDATE

AB 1733

Public Records: Fee Waiver

- ❖ Signed by Governor on 9/29/14
- ❖ Beginning January 1, 2016, this bill would require the DMV to issue an original or replacement ID homeless persons or homeless youth without a fee.

PICTURE ID UPDATE

Ongoing Collaboration with the DMV

❖ LA County Pilot Program

- DMV to consider San Diego County as the next pilot program

❖ DMV meeting with the California State Association of Counties (CSAC) representatives

- Considering the creation of one MOU for all counties

PICTURE ID UPDATE

Next Steps...

- ❖ Picture ID Subcommittee will reconvene to determine regional needs
- ❖ Future meeting with the DMV to be scheduled to further address regional needs
- ❖ Continued collaboration with the Office of Strategy and Intergovernmental Affairs



THANK YOU

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OCTOBER 16, 2014



INCENTIVES & SANCTIONS CONTINUUM

Jason Druxman, Probation Director - South and East Adult Supervision

OCTOBER 16, 2014

INCENTIVES & SANCTIONS CONTINUUM

What is Incentives & Sanctions?

INCENTIVES & SANCTIONS CONTINUUM

Initial Implementation Stages

INCENTIVES & SANCTIONS CONTINUUM

Where are we currently?

INCENTIVES & SANCTIONS CONTINUUM

*Impact of
Incentives & Sanctions*

INCENTIVES & SANCTIONS CONTINUUM

Example of a Sanction Response:

An offender has been directed to complete 10 days of Work Projects, which he has failed to do. As a sanction, the P.O. can increase frequency of office visits/testing, refer the offender to counseling, an educational program, or vocational program, calendar a Modification Hearing, impose ESP/GPS, or impose up to 10 days administrative custodial sanction (PRCS option).

INCENTIVES & SANCTIONS CONTINUUM

Example of an Incentive Response:

An offender completed her out-patient drug/alcohol treatment program. As a reward/incentive, the P.O. can provide verbal accolades to the offender, give an Achievement Certificate, extend curfew, decrease frequency of office visits/testing, furnish a bus pass, provide clothing vouchers, or grant or increase travel privileges.

SUCCESS STORIES

- **Lizbeth I.** 23 years old and on probation for transporting controlled substances. Currently residing at a sober living residence and is a student at a Cosmetology School. She is consistently testing negative for controlled substances and alcohol. After receiving a “Student of the Month” award, her P.O. provided her with a bus pass as an incentive for doing well. Additionally, she received an overnight pass to visit her children, which ultimately keeps her connected to family and her support system.

SUCCESS STORIES

- **John C.** 27 years old and on PRCs for carjacking. During his supervision period, he completed Second Chance Strive, tested clean, gained employment in the construction industry, had no negative L.E. contacts, and he maintained a stable residence. His P.O. consistently praised, validated, and recognized his compliance, pro-social behaviors, and accomplishments. Consequently, he received a Certificate of Achievement for successfully completing supervision, a public ceremony surrounded by his family, peers, and Probation Staff.



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COMMUNITY TRANSITION CENTER REPORT OUT

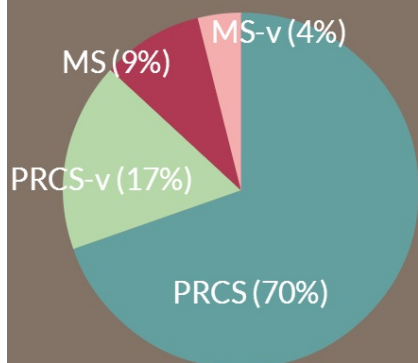
Karna Lau, Supervising Probation Officer- PRO Division/CTC

OCTOBER 16, 2014

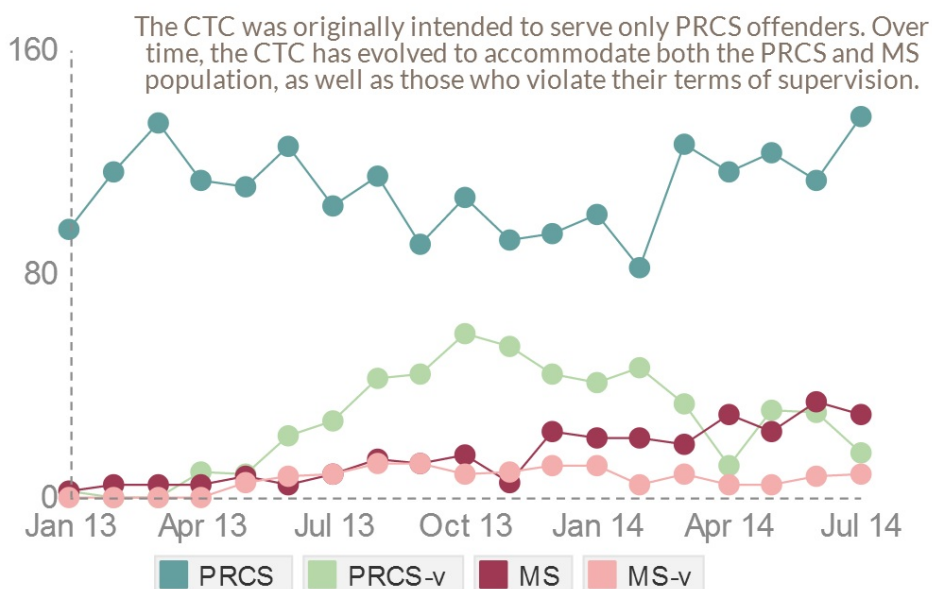
COUNTY OF SAN DIEGO COMMUNITY TRANSITION CENTER REPORT-OUT SINCE INCEPTION

January 2013 through July 2014

Since it opened in January of 2013, the CTC has processed over 3,000 PRCS and MS offenders

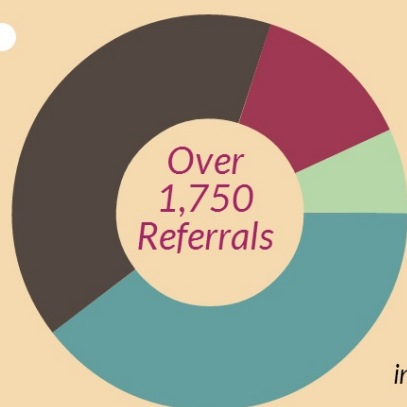


(v) = Offenders who arrived at the CTC on a violation of their terms of supervision



Since January 2013;
10% of the total assessed were brought to the CTC in lieu of custody, resulting in a savings of around 2,000 jail bed days!

Referrals to Services



PRCS Referrals

40% to OTP
40% to RTP
13% to MH
7% to TH

*Referral information includes violators



MS Referrals

3% to OTP
88% to RTP
2% to MH
7% to TH

Key

OTP- Outpatient Treatment Program
RTP- Residential Treatment Program
MH- Mental Health
TH- Transitional Housing

11% of PRCS offenders released from prison tested positive for illegal substances upon arrival at the CTC



100% were referred to on-site detoxification services

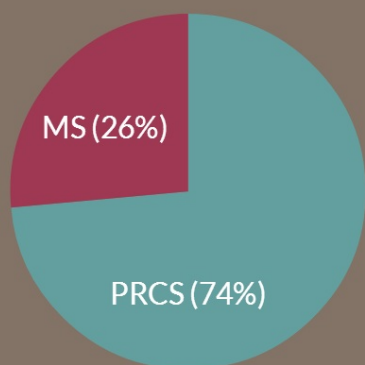


Two on-site application assistants work with reentering offenders to apply for medical insurance in order to increase access to behavioral and physical health services.

COUNTY OF SAN DIEGO COMMUNITY TRANSITION CENTER REPORT-OUT SINCE INCEPTION

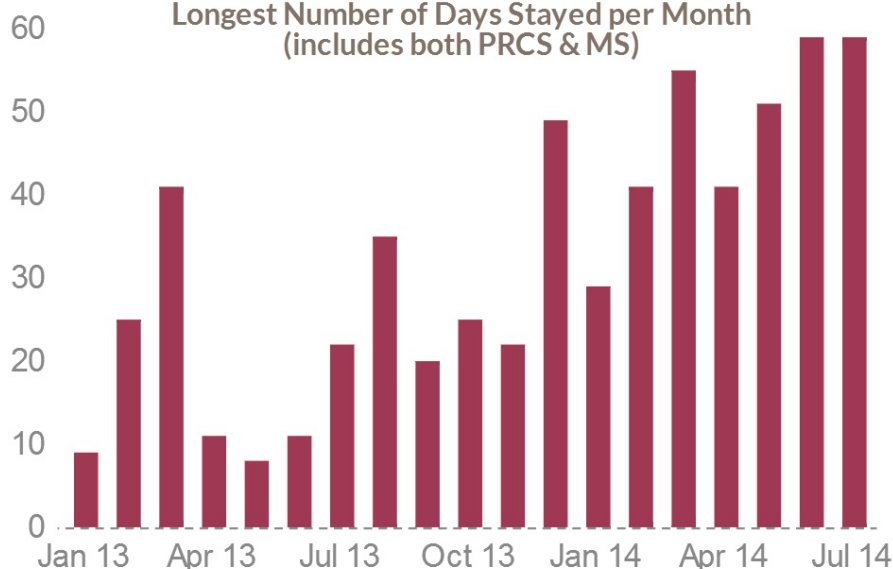
January 2013 through July 2014

Temporary Housing at the CTC



Over 1,330 offenders have utilized the CTC as temporary housing

Longest Number of Days Stayed per Month (includes both PRCS & MS)



The CTC has experienced an influx in MS offenders utilizing the facility for transitional housing while awaiting placement in a residential treatment program. Since its opening, the CTC has seen over 300 such individuals.



Releases by Type

51% Residence
26% Residential Treatment
7% Absconded
5% Sober Living
2% Hotel
2% Mental Health Tx
2% Return to Custody
2% Transient
1% Out of County
1% Hospital
>1% Out of State
>1% Other



Summary

1. Partnership with Healthcare Services has been critical to our success
2. Over time the communication with CDCR has greatly improved
3. Continuity of Care: bridging the gap to treatment has increased access to services and improved public safety as offenders can be immediately served
4. Wrap around service delivery with CTC staff, BHST, case managing Probation Officers and treatment providers has made the system stronger and more responsive
5. Remaining issue is lack of capacity in mental health programs and both outpatient and residential drug and alcohol treatment



MENTAL HEALTH SCREENING AND LEVEL OF CARE DETERMINATION IN PROBATION

GEOFF R TWITCHELL, PH.D.
DIRECTOR OF TREATMENT AND CLINICAL SERVICES
SAN DIEGO COUNTY PROBATION DEPARTMENT

OCTOBER 16, 2014

FRAMEWORK

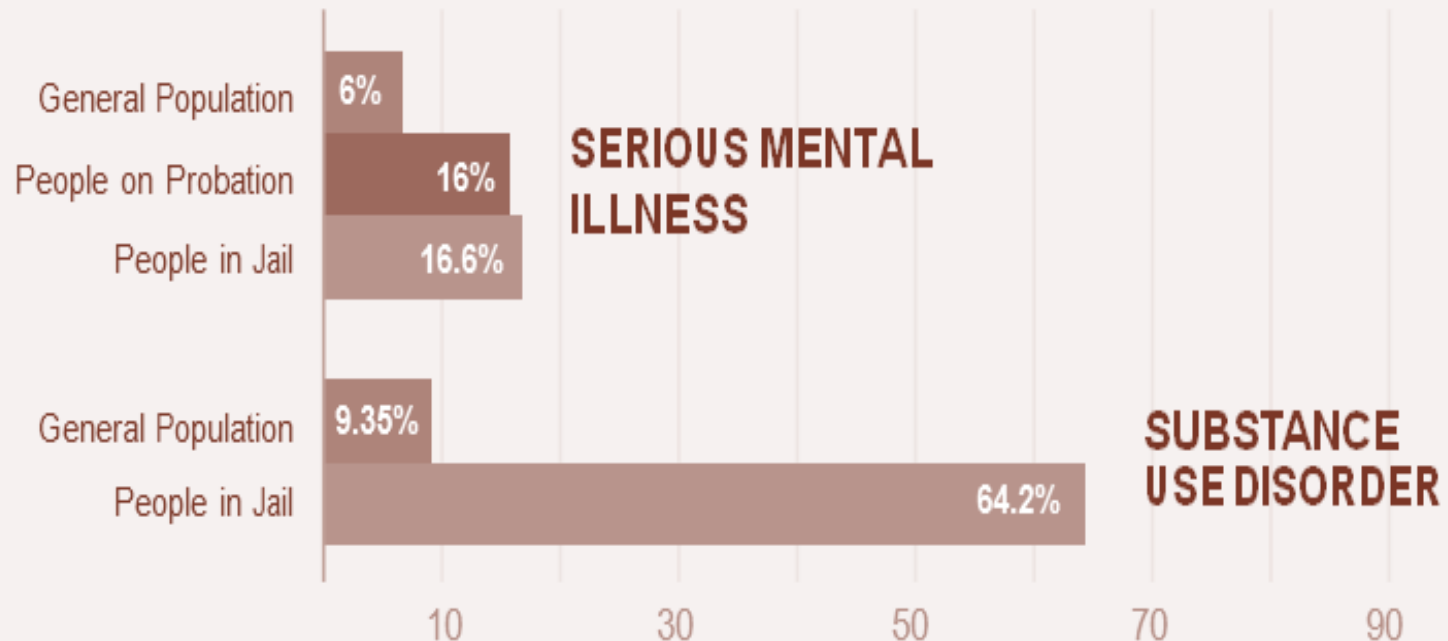
- ❖ Needs analysis for Probation
- ❖ Mental illness and addiction in corrections
- ❖ Why do we care?
- ❖ What options might we explore?

NEEDS ANALYSIS

- ❖ Chief Jenkins asked for a needs analysis of all service areas upon hire as Treatment Director
- ❖ Identify gaps in service delivery
- ❖ Provide recommendations
- ❖ MH and LOC assessment identified as gaps

DISPROPORTIONATE RATES

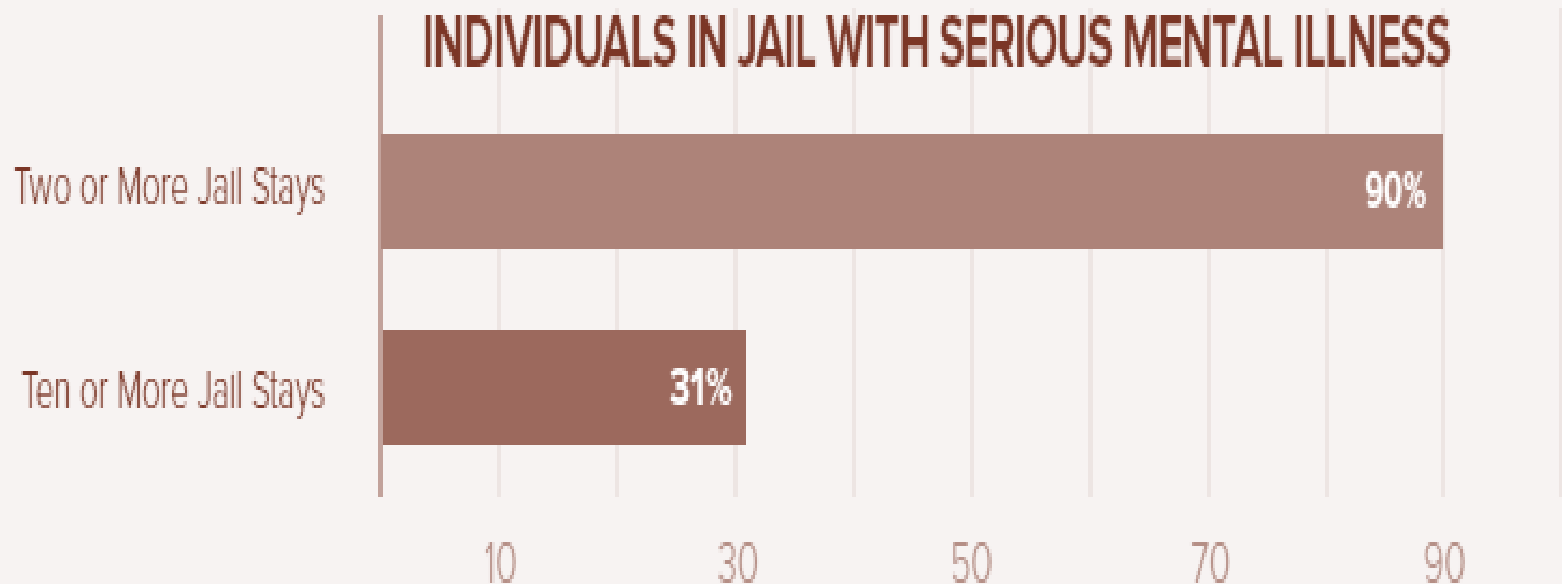
FIGURE A. RATES OF SERIOUS MENTAL ILLNESS AND SUBSTANCE USE DISORDERS IN JAIL AND ON PROBATION



Sources: "The Numbers Count: Mental Disorders in America," National Institute of Mental Health, 2006. "Prevalence and Co-Occurrence of Substance Use Disorders and Independent Mood and Anxiety Disorders," National Institute of Health, 2006. "Substance Dependence, Abuse, and Treatment of Jail Inmates – 2002," Bureau of Justice Statistics, July 2005. "Characteristics of Parole and Probation Admissions Aged 18 or Over," *The TEDS Report*, Substance Abuse and Mental Health Services Administration, March 2011

JAILS: THE NEW PSYCH HOSPITALS?

FIGURE D. INDIVIDUALS IN L.A. COUNTY JAILS WITH SERIOUS MENTAL ILLNESS



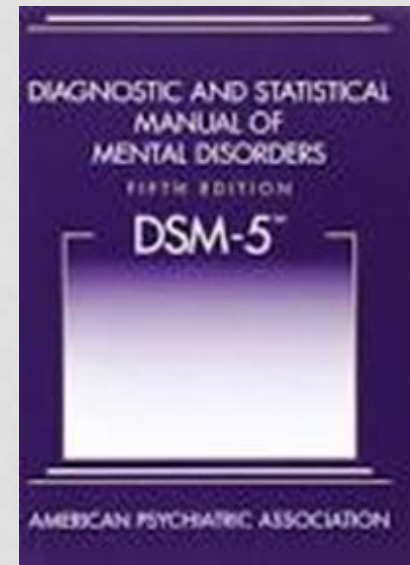
Source: "More Mentally Ill Persons are in Jails or Prisons Than Hospitals," Treatment Advocacy Center and National Sheriff's Association, May 2010.

WHY DO WE CARE?

- ❖ Better outcomes
- ❖ Allows communication w/our partners regarding needs
- ❖ R-N-R Model
- ❖ Basic EBP principle-identify needs, treat needs, responsive to specific characteristics
- ❖ Consistent with case management role of Probation
- ❖ Accurate identification leads to appropriate treatment, reduced recidivism, less needless recycling
- ❖ Appropriate resource usage
 - ❖ Jail beds
 - ❖ RTP

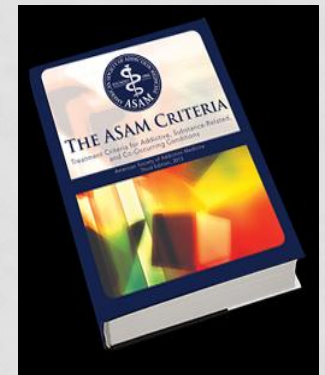
MENTAL HEALTH (MH) SCREENING

- ❖ Must screen complete population
 - ❖ COMPAS 8-question screen administered
 - ❖ Positive screens prompt more in-depth assessment
- ❖ Comprehensive Addictions And Psychological Evaluation-5
 - ❖ High co-morbidity in corrections
 - ❖ Substance Use Disorder
 - ❖ MDD
 - ❖ Bipolar Disorder
 - ❖ Schizophrenia
 - ❖ PTSD-trauma
 - ❖ Borderline Personality Disorder
 - ❖ Antisocial Personality Disorder
- ❖ Referral for formal evaluation



LEVEL OF CARE DETERMINATION FOR SUBSTANCE USE DISORDERS

- ❖ ASAM criteria is gold standard for LOC determination
- ❖ Dimensional Assessment for Patient Placement Engagement & Retention (DAPPER)
 - ❖ Treatment and recovery are dynamic
 - ❖ Allows on-going assessment throughout continuum of care at 6 time points
 - ❖ Clinical effectiveness and resource sensitive



REMAINING CURRENT: CHANGES IN DSM 5

❖ Substance Use Disorder

- ❖ Abuse and Dependence combined into Alcohol/Drug Use Disorder (mild, moderate, severe)
- ❖ Physical dependence overemphasized in DSM-IV and
- ❖ compulsive nature underemphasized
 - ❖ Craving now a criterion

❖ PTSD

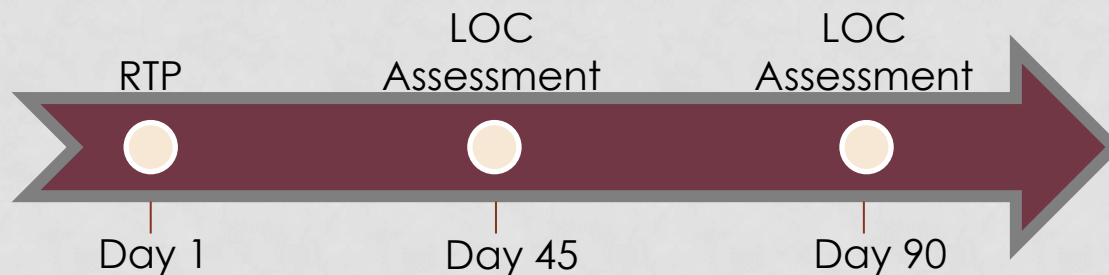
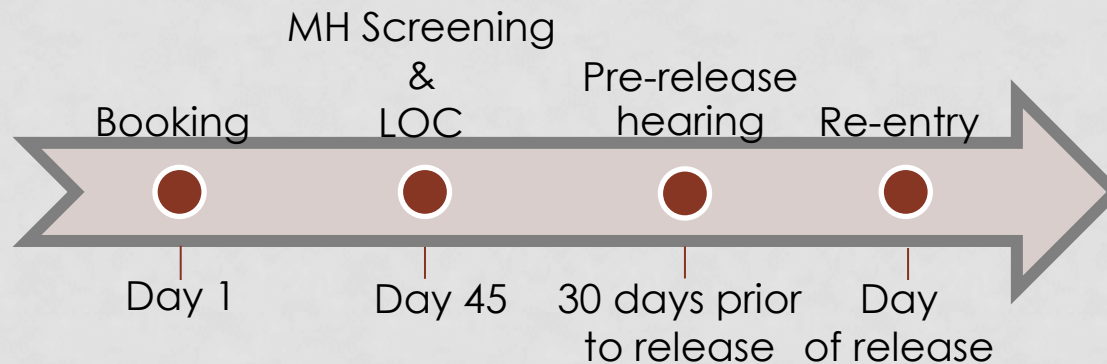
- ❖ Addition of “negative cognitions” to previous categories of re-experiencing, avoidance, and arousal
- ❖ Clearer line when detailing what constitutes a traumatic event.

ALTERNATIVE TO ASSESS AND TREAT

- ❖ Behavioral Triage Model (Angela Hawken, PhD)
 - ❖ Correctional alternative to assess and treat model
 - ❖ Hawaii's Opportunity Probation with Enforcement Program
 - ❖ Court based model
 - ❖ Application of swift and certain sanctions for dirty urines
 - ❖ Contingency Management adaptation
 - ❖ No treatment until 3 dirty urine samples
 - ❖ Doesn't invest in high level until behavior demonstrates a substance use problem

ONE POTENTIAL SCENARIO: MANDATORY SUPERVISION COURT

MH SCREENING/LOC ASSESSMENT - MANDATORY SUPERVISION



IDEAS FROM COLLABORATORS
AND STAKEHOLDERS?



THANK YOU

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